



State of Connecticut

Department of Public Safety / Division of State Police

## ACCIDENT INFORMATION SUMMARY

State Police Troop: CSP-GCase Number: DPS-05-036738
 Notations:  
 Traffic: He  
 Weather: CL  
 Lane L of 1  
 Direction of T  
 N S E
Investigating Trooper: Kilbride #1202Date: 07-27-05Time: 1705
 No. & Type of Veh's Involved: Motorcycle vs. Van  
 (Passenger Car, Truck, Bus, Etc.)

 Related Information: \_\_\_\_\_  
 (Pedestrian, Pole, Bridge Abutment, Etc.)
Town / City: BranfordLocation of Accident: I-95 Westbound, West of Exit 54

Utility Pole Name &amp; Number (If Applicable): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Oper #1: Kllapija, SenadOper #2: Marcone, Adriano A.DOB: 11-21-58Gender: ☒ M ☐ FDOB: 03-17-79Gender: ☒ M ☐ FAddress: 3 Colangelo Pl., Apt. #2Address: 35 Laurel Ln.Town: New RochelleState: NYZip: 10801Town: WolcottState: CTZip: 06Oper. Lic. # 703011534Type: \_\_\_\_\_ State: NYOper. Lic. # 036883649Type: 2 State: CTOwner #1: SAMEOwner #2: S AAddress: 2860 Buhre Ave., 1F, Bronx, NY 10461Address: \* M ERegistration Plate: CNU5532State: NYRegistration Plate: 788922State: CTMake: ChevyModel: VanYear: 1999Make: HondaModel: MC

Year: \_\_\_\_\_

VIN: 1GNDU06EQXD284734VIN: JH2SC45304M401225Seatbelt(s): ☒ Yes ☐ NoAirbag: ☒ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/ASeatbelt(s): ☐ Yes ☒ NoAirbag: ☐ Yes (Deployed ☐ Y ☒ N) ☐ No ☐ N/A

Insurance Company: \_\_\_\_\_

State Farm

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

735889C1132B

Insurance Policy #: \_\_\_\_\_

Injuries: NONEInjuries: Serious Injury--Results PendingVehicle Damage: Lower right corner of R. BumperVehicle Damage: Left Side faring, gas tankVehicle Towed: ☐ No ☒ Yes, UnitedVehicle Towed: ☐ No ☒ Yes, United

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

F/R L/S--Fejza, Neki DOB 04-07-472144 Bronx Park E, 1KBronx, NY 10462N/A

Oper #3: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: ☐ M ☐ F

Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_

Type: \_\_\_\_\_

State: \_\_\_\_\_

Owner #3: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Plate: \_\_\_\_\_

State: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Seatbelt(s): ☐ Yes ☐ NoAirbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Injuries: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Vehicle Towed: ☐ No ☐ Yes, \_\_\_\_\_

Occupant(s): [Name / DOB / Address / Position in Veh]

Oper #4: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: ☐ M ☒ F

Address: \_\_\_\_\_

Town: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Oper. Lic. # \_\_\_\_\_

Type: \_\_\_\_\_

State: \_\_\_\_\_

Owner #4: \_\_\_\_\_

Address: \_\_\_\_\_

Registration Plate: \_\_\_\_\_

State: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

VIN: \_\_\_\_\_

Seatbelt(s): ☐ Yes ☐ NoAirbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Injuries: \_\_\_\_\_

Vehicle Damage: \_\_\_\_\_

Vehicle Towed: ☐ No ☐ Yes, \_\_\_\_\_

Occupant(s): [Name / DOB / Address / Position in Veh]

## Brief Description of Accident

Vehicle #1 was traveling slowly on I-95 Westbound, West of Exit 54, passing the entrance to the Branford Rest Area. Veh. #1 was traveling in the left lane of two travel lanes. Veh. #2 was traveling I-95 West bound, west of Exit 54. Veh. #2 was passing traffic along the white, dashed divider line between the right and left lanes. Veh. #2 was observed to be traveling at a rate of speed much faster than traffic. Veh. #2 lost control as it attempted to move into the left lane. Veh. #2 served right as it went into a skid. Veh. #2 went down onto its left side and slid into the right, rear corner of Veh. #1. Operator #2 struck his head on the exhaust pipe of Veh. #1. Op. #2 suffered severe head injury and was transported to Yale/New Haven Hospital. Operator #1 was not injured in the crash.

This investigation is ☒ Open/Continuing ☐ Closed

## MEDICAL ATTENTION

Was ambulance ☒ Yes Company 014 EMS ☐ No

Was ambulance ☐ Yes Company ☐ No

Patient Name: Marcone, Adriano A.

Patient Name:

Location: Yale/New Haven

Location:

Injury: Severe Head Trauma

Injury:

Referral to Hospital:

Referral to Hospital:

Referral to Hospital:

Referral to Hospital:

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Signature of Approving Authority: [Signature] 258-7/27/05